HISTORY FACILITY PROFILE

TOTAL CERTIFIED BEDS: 107

SOUTH DAVIS COMMUNITY CARE CTR PROVIDER #: 465062

LTC ADMISSION/SUSPENSION DATES

401 SOUTH 400 EAST BOUNTIFUL UT 84010

PROVIDER #: 465062 FACILITY BEDS TYPE ACTION: RECERTIFICATION
PHONE NUMBER: (801) 295-2361 TOTAL: 107
PARTICIPATION DATE: 04/11/1977 CERTIFIED: 107 TYPE OWNERSHIP: NONPROFIT - CORPORATION STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

TOTAL: 99 MEDICARE: 21 MEDICAID: 53 OTHER: 25							ADMISSION SUSPENDED:					18	18/19	19	ICF/MR	
MEDICARE: 21							SUSPENSION RESCINDED:					18				
MEDICAID: 53							COCIENCION RECUINDED.									
LIL	:	2	5								38		0.5			
	OTHER	•		J												
CHDDENE	CHDVEV	ס פינים	TOTE	DAME	s - 08/19	1/2002										
CORRENT	SUKVEI	KE V	1211	DAIL	5 - 00/13	0/2002										
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									PLAN/DATE			DOODAN DEGI	TDEMENING			
									OF CORRECT		P.	ROGRAM REQU	IKEMENTS			
12/1998	'	03/2	000		03/2001		06/06/20	102								
				_							-0156					/
	X X							Б.	00/01/0000		F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC					
		Х		D			ХC	D	08/01/2002	REQ	F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC					
X	D						V C	-	00/01/0000		F0161-SURETY BOND OR OTHER ASSURANCE F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REO					
	_						ХC	E	08/01/2002				FREE FRC	M PHYS.	ICAL RESTRAINT	'S NOT REQ
X X	E										F0241-					
X	Ε							_				DEVELOP COM				
							ХC	D	08/01/2002						FESSIONAL STAN	IDARDS
X												RANGE OF MO				
	E											FACILITY IS				
	D				X	E									UNDER SANITAR	
	D														PARTMENTS/UND	PROP TEMP
X	D									REQ	F0444-	WASH HANDS	WHEN INDI	CATED		
EDITION	OF LSC	APP	LIED													
					85 EXIST											
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE SURVEY SURVEY SURVEY SURVEY OF CORRECTION LSC DEFICIENCIES - BLDG NO. 01																
SURVEY								1	LS	C DEFI	CIENCIE	S - BLDG NO	. 01			
12/1998	03/2000 03/2001 06/13/2002															
	X	X KOO18-CORRIDOR DOORS														
			X		X C	0.8	3/01/2002		K0	K0062-SPRINKLER SYSTEM MAINTENANCE						
	X				X C	0.6	/01/2002 /20/2002		K0070-SPACE HEATERS K0130-OTHER							
X																
EDITION	OF LSC	APP	LIED													
85 NEW	85 NE	W	85 N	EW	85 NEW											
PRIOR 3	PRIOR 3 PRIOR 2 PRIOR 1 SURVEY SURVEY SURVEY			R 1	CURRENT	PI	AN/DATE									
SURVEY				EY :	SURVEY	OF C	ORRECTION	1	LS	C DEFI	ICIENCIES - BLDG NO. 02					
					06/13/200						 					
,	X		, -		,,				K0	018-C	CORRIDOR DOORS					
	X											D SMOKE PRO	OF TOWERS			
					хс	0.7	//26/2002				RRIDOR					
			Х										NTENANCE			
	X	, 21.			х с	0.7	//10/2002		K0062-SPRINKLER SYSTEM MAINTENANCE K0130-OTHER							
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TYPE OF						CI.	JRRENT		PRIOR 1	PI	RIOR 2	PRIOR 3				
DEFICIENCY						JRVEY		SURVEY	SI	IRVEY	SIIRVEY					
									2011/11			001(41)				
									0		0	0				
CONDITION							3		1		2	0				
REQUIREMENT HEALTH TOTAL					0 3 3				1		2	0				
LIFE SAFETY CODE					3 4				SURVEY SUI 0 1 1 4 5		<u>د</u>	0				
	LIFE SAFETY CODE + HEALTH								4		0	, T				
LIFE SAL	reti CO	ㅁ뇬 +	пĿА	P T.H			/		Э		O	9				

COMPLAINT SURVEY INFORMATION

RESIDENT CENSUS ON 06/06/2002

SURVEY DATE STATUS 04/12/2001 UNSUBSTANTIATED 05/30/2001 UNSUBSTANTIATED 02/11/2002 UNSUBSTANTIATED 07/18/2002 UNSUBSTANTIATED 07/18/2002 UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT

COP = CONDITION REQ = REQUIREMENT